

Statement of Organization  
Recipient Committee

Statement Type

☐ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

# \_\_\_\_\_

☒ Termination - See Part 5

List I.D. number:

# 1345869

      /      /        
Date qualified as committee

      /      /        
Date qualified as committee  
(If applicable)

03/31/2015  
Date of Termination

Date Stamp

City Clerk's Office

JUL 31 2015

RECEIVED

CALIFORNIA  
FORM

410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

DEEPA LALWANI FOR CITY COUNCIL  
STREET ADDRESS (NO P.O. BOX)

2305 GLENVIEW DR  
CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95035 408 956 9115  
MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

DEEPA LALWANI  
STREET ADDRESS (NO P.O. BOX)

2305 GLENVIEW DR  
CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95035 408 956 9115  
NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 11/2015 By D Lalwani  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on July 11/2015 By D Lalwani  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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I.D. NUMBER

1345869

COMMITTEE NAME

DEEPIKA LALWANI FOR CITY COUNCIL

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

BANK OF AMERICA

AREA CODE/PHONE

1 888 287 4637

BANK ACCOUNT NUMBER

0000 9852 6369

ADDRESS

CITY

STATE

ZIP CODE

BANK OF America N.A. P.O. BOX 25118 TAMPA FL 33622

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

ELECTIVE OFFICE SOUGHT OR HELD  
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION

PARTY

DEEPIKA LALWANI

CITY COUNCIL

2014

☒ Nonpartisan

☐ Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION  
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT

OPPOSE

☐☐

SUPPORT

OPPOSE

☐☐

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I.D. NUMBER

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COMMITTEE NAME

DEEPIKA LALWANI FOR CITY COUNCIL

4. Type of Committee

(Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee



Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.